

Senate Sponsor:

Date of Request:

Project/Program Description:

1.

2.

3.

The Florida Senate

Local Funding Initiative Request — Fiscal Year 2017-2018

Senator Kevin Rader

2/15/2017

FARR Development of Certification Infrastructure & Trainings

4.	Am	Amount of Request:				
	Ar	mount Requested for Operations	Amount Requested for	Total Amount of		
			Fixed Capital Outlay	Requested State Funds		
	\$27	5,000.00	\$0.00	\$275,000.00		
5.	Total Project Cost (if greater than Tota		l Requested State Funds):	\$275,000.00		
6.	Тур	Type, Amount and Percent of Match:				
		Туре	Amount	Percent		
	\$0.0	00	\$0.00	\$0.00		
7.	Was the project previously funded by the State?					
		Fiscal Year(s)	Amount			
		5-2016	\$100,000			
	n/a		Click here to enter text.			
	n/a		Click here to enter text.			
	n/a		Click here to enter text.			
8.	Is future-year funding likely to be requ		ested?	No		
9.	Pro	Program Performance (if needed, include additional documentation):				
٥.	a. How will requested funds be spent? Include supporting documentation.					
	Staffing, Training, Enhance Software					
	b.					
	Improve Recovery Residence certification process, increase efficiency and adequately staff operations					
	c.					
		Concerned sober home neighbors, referring addiction treatment providers, person exiting clinical care				
	d.	d. What specific measures will be used to document performance data for the project, if it receives funds?				
		Certification metrics (applied/approved/denied/bed capacity, county, referrals), application processing				
	metrics (application to decision, denial categories, and grievance categories					
10.	Requestor Contact information:					
10.	a.	Name and Title:	John Lehman			
	b.	Organization:	Florida Association of Recovery Re	sidences (FARR)		
	٠.	_		3.46.1.663 (17.11.11.)		
	C.	E-mail Address:	jlehman@farronline.org			
	d.	Phone Number:	561-502-4608			
11	Recipient Contact Information:					
	a.	Organization:	Florida Association of Recovery Re	sidences, Inc.		
	b.	Municipality and County:	Palm Beach			
	c.	Organization type (check all that a	apply):			
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	For-profit Corporation	
\boxtimes	Not-for-profit Corporation	
	501c3 entity	
\boxtimes	Other (please specify)	501 (c) (3) Applied
d.	Contact Name and Title:	John Lehman, CEO & Board Chair
e.	E-mail Address:	jlehman@farronline.org
f.	Phone Number:	561-502-4608